

LEGAL SEPARATION WITH CHILDREN For Respondent Only

3

Respond

**Part 3: Respond to a Petition for Legal Separation
(Forms Packet)**

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SELF SERVICE CENTER

**TO RESPOND TO A PETITION FOR
LEGAL SEPARATION WITH CHILDREN**
(Respondent Only)

Part 3: Petition and First Court Papers
(Forms Only)

This packet contains court forms to respond to a petition for Legal Separation With Children. Be sure the documents are in the following order:

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2	DRLSC3k	Checklist: You may use these forms if . . .	1
3	DRLSC31f	Response to <i>"Petition for Legal Separation With Children"</i>	8
4	DRCVG13f	<i>"Affidavit Regarding Minor Children"</i>	2
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SELF SERVICE CENTER

RESPONSE TO PETITION AND PAPERS FOR LEGAL SEPARATION WITH CHILDREN

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You want to file a response to a Petition for Legal Separation, **AND**
- ✓ You and your spouse have children with each other OR the wife is pregnant by the husband or will be pregnant by the husband before the judge signs the Legal Separation Decree.
- ✓ You do not agree with what your spouse wrote in the Petition.

READ ME: Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

Name of Person Filling: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS # (if applicable): _____
 State Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) OR
 Attorney for ☐ Petitioner or ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

(Name of Petitioner)

Case Number: _____

RESPONSE TO PETITION FOR LEGAL SEPARATION WITH CHILDREN

(Name of Respondent)

STATEMENTS TO THE COURT, UNDER OATH

GENERAL INFORMATION:

1. ABOUT MY SPOUSE, THE PETITIONER

Name: _____
 Address: _____
 Date of Birth: _____
 Occupation: _____
 Starting with today, number of months/years in a row, my spouse has lived in Arizona: _____

2. ABOUT ME, THE RESPONDENT

Name: _____
 Address: _____
 Date of Birth: _____
 Occupation: _____
 Starting with today, number of months/years in a row, I have lived in Arizona: _____

3. ABOUT OUR MARRIAGE

Date of Marriage: _____
 City and state or country where we were married: _____

4. ABOUT THE LEGAL SEPARATION (check one box)

- ☐ I want to be legally separated from my spouse, OR
☐ I do not want to be legally separated from my spouse because my marriage is over and I want to be divorced.

INFORMATION ABOUT PROPERTY AND DEBTS

Instructions: You must be specific. You must describe the property and debt that should go to you or be paid by you and then check the box. You must then describe the property and debt that should go to or be paid by your spouse, and check the box. For example, under household furnishings you could say, blue and white living room sofa, and then check the box to say whether it should go to you or to your spouse. Never list an item and check both the Petitioner and the Respondent box.

Case No. _____

5.a. COMMUNITY PROPERTY: (check one box)

- ☐ My spouse and I did not acquire any community property during the marriage, OR
☐ My spouse and I acquired community property during our marriage, and we should divide it as follows:

Description of property/ Value of property:	My Spouse, Petitioner	Me, Respondent
<input type="checkbox"/> Real estate at: _____ Legal Description: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Real estate at: _____ Legal Description: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Household furniture and appliances: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Household furnishings: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other items: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Description of property/ Value of property:	My Spouse, Petitioner	Me, Respondent
<input type="checkbox"/> Pension/retirement fund/profit sharing/stock plan/401K: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Motor vehicles: Make: _____ Model: _____ VIN Number: _____ Lien Holder: _____ Make: _____ Model: _____ VIN Number: _____ Lien Holder: _____	<input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/>

5.b. SEPARATE PROPERTY. (Check all boxes that apply.)

- ☐ I do not have any property that I brought into the marriage or separate property.
- ☐ My spouse, the Petitioner does not have any property that he or she brought into the marriage or separate property.
- ☐ I have property that I brought into the marriage or I have separate property. I want this property awarded to me as described below.
- ☐ My spouse, the Petitioner, has property that he or she brought into the marriage or has separate property. I want this property awarded to my spouse as described below.

Separate Property: (List the property and the value of the property, and check the box to tell the Court who should get the property.)

Description of Property/ Value of Property	My Spouse, Petitioner	Me, Respondent
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

6.a. COMMUNITY DEBTS: (check one box)

- ☐ My spouse and I did not incur any community debts during the marriage, OR
- ☐ We should divide the responsibility for the debts incurred during the marriage as follows:

Description of debt/ Amount of debt:	My Spouse, Petitioner	Me, Respondent
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

6.b. SEPARATE DEBTS. (Check all boxes that apply.)

- ☐ My spouse and I do not have any debts that were incurred prior to the marriage or separate debt, OR
- ☐ I have separate debt or debt that I incurred prior to the marriage that should be paid by me as described below:
- ☐ My spouse has separate debt or debt that he or she or incurred prior to the marriage that should be paid by my spouse as described below:

Description of debt/ Amount of debt:	My Spouse, Petitioner	Me, Respondent
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

7. TAX RETURNS: (Check this box if this is what you want).

☐ After the Judge or Commissioner signs the Decree of Legal Separation, we will pay federal and state taxes as follows: For previous years the parties will file joint federal and state income tax returns. In addition, for previous calendar years, both parties will pay and hold the other harmless from half of all additional income taxes if any and other costs, and each will share equally in any refunds.

For this calendar year (the year that the Decree is signed) and all future calendar years, each party will, subject to IRS Rules and Regulations, file ☐ Joint Tax Returns or ☐ Separate Tax Returns.

8. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY) (check the box that applies to you):

☐ Neither party is entitled to Spousal Maintenance (alimony), OR
☐ Petitioner OR ☐ Respondent is entitled to Spousal Maintenance because: (Check one or more of the box(es) below that apply. At least one reason must apply to get spousal maintenance.)

- ☐ Person lacks sufficient property to provide for his or her reasonable needs;
- ☐ Person is unable to support himself or herself through appropriate employment;
- ☐ Person is the custodian of a child(ren) whose age or condition is such that the person should not be required to seek employment outside the home;
- ☐ Person lacks earning ability in the labor market adequate to support himself or herself; and,
- ☐ Person contributed to the educational opportunities of the other spouse or had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself or herself.

9. PREGNANCY

- ☐ Wife is not pregnant, OR
- ☐ Wife is pregnant
The baby is due on _____ (date), (and, check one box below):
 - ☐ The Petitioner and Respondent are the parents of the child, OR
 - ☐ Petitioner is not the parent of the child, OR
 - ☐ Respondent is not the parent of the child.

WARNING. If wife is not pregnant, **STOP**. You must file the papers for legal separation without children.

11. DOMESTIC VIOLENCE: (Check the box that is true. If you intend to ask for joint custody, there must have been no "significant" domestic violence. A.R.S. 25- 403.03):

- ☐ Domestic violence has not occurred, OR
- ☐ Domestic violence has occurred but it has not been significant.
- ☐ There has been significant domestic violence.

SUMMARY OF WHAT I SAY ABOUT DOMESTIC VIOLENCE THAT IS DIFFERENT FROM WHAT MY SPOUSE SAID IN THE PETITION: _____

12. CHILDREN OF THE PARTIES WHO ARE LESS THAN 18 YEARS OLD (check one box):

- ☐ There are no children under the age of 18 either born to or adopted by me and my spouse.
NOTE: If you checked this box, stop. You should be using the response packet to get a

- ☐ **legal separation without children. OR**
 The following child(ren) are under age 18 and were born to or adopted by me and my spouse:
 (Attach extra pages if necessary).

Child's Name _____
 Birth date _____
 Address _____

Child's Name _____
 Birth date _____
 Address _____

Child's Name _____
 Birth date _____
 Address _____

Child's Name _____
 Birth date _____
 Address _____

13. WRITTEN CUSTODY AGREEMENT. CHECK ONLY IF TRUE:

- ☐ My spouse and I have a written agreement signed by both of us about the custody, parenting time, and child support for our child(ren).
☐ I have attached a copy of the written agreement.

14. SUMMARY OF WHAT I ASKED FOR THAT IS DIFFERENT FROM WHAT MY SPOUSE ASKED FOR IN THE PETITION: (Here summarize what is different between you want and what your spouse asked for.)

16. CONCILIATION. ☐ True or ☐ False. (Check one box.) The conciliation requirements under Arizona law either do not apply or have been met. (This must be a true statement or you cannot file for Legal Separation.)

16. CHILD CUSTODY JURISDICTION. (Check only one box).

- ☐ This court has jurisdiction to decide child custody matters under Arizona law because the children have lived in Arizona for at least 6 months before the Petition was filed. **OR**
☐ This court does not have jurisdiction to decide child custody matters under Arizona law because the children have not lived in Arizona for at least 6 months before this Petition was filed. Explain: (There are other reasons why the court may not have jurisdiction due to the residence of the children. See a lawyer for help.)

- 17. GENERAL DENIAL:** I deny anything stated in the Petition that I have not specifically admitted, qualified, or denied.

REQUESTS TO THE COURT:

- A. LEGALLY SEPARATE OR CHANGE TO DIVORCE:** ☐ Legally separate the parties or ☐ Change this case to a divorce case because my marriage is over and either I or my spouse have lived in Arizona for the last 90 days or ☐ Legally separate the parties, but refuse to decide child custody matters due to lack of jurisdiction as stated in number 15 above.
- B. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY):**
☐ Order spousal maintenance/support to be paid by ☐ Petitioner, or ☐ Respondent through the Clerk of the Court/Clearinghouse in the amount of _____ per month, and the statutory fee, beginning with the first day of the month after the Judge or Commissioner signs the Decree of Legal Separation and continuing until the person receiving the spousal maintenance is deceased, or for _____ months.
- C. COMMUNITY PROPERTY:** ☐ Make a fair division of all community property as requested in this Response.
- D. COMMUNITY DEBTS:** ☐ Order each party to pay community debts as requested in this Response, and to pay any other community debts unknown to the other party. Order each party to pay and hold the other party harmless from debts incurred by him or her since the parties separation on (date):
- E. SEPARATE PROPERTY AND DEBT:** ☐ Award each party his or her separate property and debt.
- F. CHILD CUSTODY AND PARENTING TIME:** Award custody and parenting time of the children common to the parties, and less than 18 years as follows: (Check either the sole custody box or the joint custody box. If you check the sole custody box, check only one box related to parenting time.)
- F.1.** ☐ **SOLE CUSTODY** of the minor child(ren) awarded to ☐ Petitioner OR ☐ Respondent, subject to parenting time as follows:
☐ Reasonable parenting time rights to the parent not having custody, as will be described in the Parenting Plan attached to the Legal Separation Decree.
☐ Supervised parenting time between the children and the ☐ Petitioner OR ☐ Respondent is in the best interest of the children because: (**Explain** the reasons for supervision or no parenting time. Use extra paper if necessary.)

Name of the person who will supervise: _____
Requested restrictions on parenting time: (explain here) _____

☐ The cost of supervised parenting time will be paid by ☐ the parent being supervised; ☐ the parent having custody; ☐ shared equally by the parties.
☐ No parenting time rights to the parent not having custody is in the best interests of the child(ren) because: (**Explain** the reasons for no parenting time. Use extra paper if necessary):

OR

F.2. ☐ **JOINT CUSTODY:** Petitioner and Respondent agree to act as joint custodians of the child(ren) as set forth in the Joint Custody Agreement signed by the parties, if the Court agrees with the Joint Custody Agreement. (Remember, there can be no significant domestic violence in your marriage.)

G. **CHILD SUPPORT:** Order that child support will be paid by ☐ Petitioner, OR ☐ Respondent in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines. (I will attach the Child Support Order to the Decree). Support payments will begin on the first day of the first month following the entry of the legal separation decree. These payments, and a fee for handling, will be paid through the Clerk of the Court and collected by automatic wage assignment.

H. **INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN:** Order that ☐ Petitioner, OR ☐ Respondent will pay for the health, medical, and dental insurance coverage for the child(ren) common to the parties and under the age of 18 years. Petitioner and Respondent will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes as described in the Parents' Worksheet, which I will submit with the Decree.

I. **TAX EXEMPTION:** The parties will claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of child	Current tax year	Later tax years
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent	_____	_____	_____
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent	_____	_____	_____
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent	_____	_____	_____
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent	_____	_____	_____

J. **OTHER ORDERS I AM REQUESTING (Explain request here):**

Case No. _____

**OATH OR AFFIRMATION AND VERIFICATION OF RESPONDENT TO PETITION FOR
LEGAL SEPARATION**

The contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Sworn to or affirmed before me this date:

My Commission expires/Seal

Deputy Clerk or Notary Public

**Copy of the foregoing mailed
to my spouse on** _____

Month/Day/Year

and at the following address:

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, and Zip Code: _____
 Your Telephone Number: _____
 Atlas Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without Attorney) OR
 Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner

Case Number: _____

and

AFFIDAVIT REGARDING MINOR CHILDREN

Name of Respondent

NOTICE: This "Affidavit Regarding Minor Children" is required for all custody cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

- 1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name _____
 Birthdate: _____ Age: _____
 Name _____
 Birthdate: _____ Age: _____

Name _____
 Birthdate: _____ Age: _____
 Name _____
 Birthdate: _____ Age: _____

- 2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.**

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

- 3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE CUSTODY PARENTING TIME OF THE CHILD(REN).** (Check one box.)

☐ I have or ☐ I have **not** been a party/witness in court in this state or in any other state that involved the custody parenting time of the child(ren) named above. (If so, explain on separate paper,. If not, go on.)

Case No. _____

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE CUSTODY OF THE CHILD(REN). (Check one box.)

☐ I do have or ☐ I do not have information about a custody parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

5. CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

OATH AND VERIFICATION

State of Arizona)
Maricopa County) sworn statement

I have read the "**Affidavit of Minor Children**" and know of my own knowledge that the information stated in it is true and correct, and that any false information may constitute perjury by me.

Name of Person Making Affidavit

Subscribed and sworn to before me on this date: _____
(month, day, year)

My commission expires: _____
Notary Public

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without Attorney) OR Attorney for ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner

Case Number _____

AND

PARENTING PLAN FOR:

☐ **JOINT CUSTODY WITH JOINT
CUSTODY AGREEMENT**

OR

☐ **SOLE CUSTODY**

Name of Respondent

☐ Mother

☐ Father

INSTRUCTIONS

This document has 3 parts: PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

One or both parents must complete and sign the Plan as follows:

- a. If both parents agree to joint custody: Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. If both parents agree to custody and parenting time arrangements but not to joint custody: Both parents must sign the Plan at the end of PART 2;
- c. If only one parent is submitting the Plan: That parent must sign at the end of PART 2

PART 1: GENERAL INFORMATION:

A. CHILDREN. This Plan concerns the following children: (Use additional paper if necessary)

- B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)
- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
- ☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan, **OR**
- ☐ Mother or ☐ Father will be the primary custodial parent
- ☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**
- ☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.
- ☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

PART 2: CUSTODY AND PARENTING TIME. Complete each section below. Be specific about what you want the judge to approve in the court order.

- A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:
- ☐ The children will be in the care of Father as follows: (Explain).
-
- ☐ The children will be in the care of Mother as follows: (Explain).
-
- ☐ Other custody arrangements are as follows: (Explain).
-
- ☐ Transportation will be provided as follows:
- ☐ Mother or ☐ Father will pick the children up at _____ o'clock.
- ☐ Mother or ☐ Father will drop the children off at _____ o'clock.
- Parents may change their time-share arrangements by mutual agreement with at least ____ days notice in advance to the other parent.
- B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**
- ☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)
-
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.)
-
- ☐ Each parent is entitled to a ____ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least ____ days in advance.

- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

C. HOLIDAY SCHEDULE: The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

Holiday		Even Years		Odd Years	
<input type="checkbox"/>	New Year's Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	New Year's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Spring Vacation	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Easter	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	4th of July	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Halloween	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Veteran's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Thanksgiving	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Hanukkah	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Winter Break	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Child's Birthday	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother's Day will be celebrated with the Mother every year				
<input type="checkbox"/>	Father's Day will be celebrated with the Father every year.				
<input type="checkbox"/>	Each parent may have the child(ren) on his or her birthday.				
<input type="checkbox"/>	Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.				
<input type="checkbox"/>	Other Holidays (Describe the other holidays and the arrangement.)				

- ☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours
- ☐ Other (Explain)

D. PARENTAL ACCESS TO RECORDS AND INFORMATION: Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

E. EDUCATIONAL ARRANGEMENTS:

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with
☐ Mother OR ☐ Father after consultation with _____

F. MEDICAL AND DENTAL ARRANGEMENTS:

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with:
☐ Mother OR ☐ Father after consultation with _____

G. RELIGIOUS EDUCATION ARRANGEMENTS:

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the _____ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

H. ADDITIONAL ARRANGEMENTS AND COMMENTS:

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within _____ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren)
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren)

- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***“Parenting Plan/Access Agreement”*** in place before the move **or** the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

NOTICE TO PARENTS: Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

I. SIGNATURE OF BOTH PARTIES

Signature of Mother: _____ Date: _____
 Signature of Father: _____ Date: _____

PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every _____ months from the date of this document.
 - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403)
 - a.** The best interests of the child(ren) are served;
 - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
 - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
 - d.** The Plan includes a procedure for periodic review;
 - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
 - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY

Signature of Mother: _____ Date: _____
 Signature of Father: _____ Date: _____

(1) Name of Person Filing : _____
 Phone Number(s): _____ / _____
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA(2) COUNTY**

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner _____ (4) Case No. _____

(3) Respondent _____ (4) ATLAS _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	FATHER		MOTHER
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)		\$ _____
Basic Child Support Obligation	(16)		\$ _____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)		\$ _____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)		\$ _____

	FATHER		MOTHER	
Each Parent's % of Combined Income	_____	% (24)	_____	%
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____	

Adjustment for Non Custodial Parent's Costs Associated with Parenting TimeUsing Table A ☐ Table B ☐ (26)

No. of Days _____ = _____% Adjustment (from table)

x Line (16) \$ _____ (Basic Child Support Obligation) \$ _____ (27) \$ _____

Less Noncustodial Parent's Costs for:

Medical/Dental/Vision Insurance* \$ _____ (28) \$ _____

Childcare* \$ _____ (29) \$ _____

Education Expenses* \$ _____ (30) \$ _____

Extraordinary/Special Needs Child Expenses* \$ _____ (31) \$ _____

*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ _____ (32) \$ _____

Preliminary Child Support Amount \$ _____ (33) \$ _____

Self Support Reserve Test for Parent Who Will Pay

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ _____ (34) \$ _____

Child Support to be Paid by: Father ☐ Mother ☐ \$ (35) \$

Share of Travel Expenses Related to Parenting Time* _____ % (36) _____ %

*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance _____ % (37) _____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date_____
Signature of Parent

ATLAS Number (if applicable): _____
 Attorney for Petitioner: (if applicable) _____
 Attorney's Bar Number and Email (if applicable) _____
 Attorney for Respondent: (if applicable) _____
 Attorney's Bar Number and Email (if applicable) _____

THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

FOR USE IN FAMILY COURT CASES ONLY

 Name of Petitioner (Please PRINT)

Case Number: _____

ALTERNATIVE DISPUTE RESOLUTION STATEMENT TO THE COURT A.R.C.P. 16(g)(2)

 Name of Respondent (Please PRINT)

Check Appropriate Box Below:

- ☐ Petitioner's Statement
☐ Respondent's Statement
☐ Joint Statement (signed by both parties)

As required by Rule 16(g)(2) of the Arizona Rules of Civil Procedure, and under penalty of perjury, the responses below are true to the best of my/our knowledge and belief.

1. Have you and the other party discussed, in person or by telephone, the possibility of settling your case, and whether you might benefit from participating in some form of alternative dispute resolution (ADR)? (Check only one.)

☐ (a) YES, and I/we have checked our ADR choices under Number 2, on page 2.

☐ (b) YES, but we are not sure which ADR option best fits our situation. (Go to Number 2.)

☐ (c) YES, but I/we feel ADR would not be appropriate because: (Check all that apply.)

☐ A court Order of Protection or Injunction Against Harassment prohibiting contact is in effect.

☐ There is a fear of violence.

☐ Other reasons (Please Explain): _____

☐ (d) NO, we have not discussed, because: (Check all that apply. Then go to Number 2.)

☐ A court Order of Protection or Injunction Against Harassment prohibiting contact is in effect.

☐ There is a fear of violence.

☐ Other reasons (Please Explain): _____

2. Please indicate in the next section which ADR option(s), *if any*, you prefer. Only check boxes in the column that is appropriate for you: If you are the Petitioner, only check boxes in the column for the Petitioner; if you are the Respondent, only check boxes in the column for the Respondent. If both parties are signing this document, make sure each party checks only their own choices. If both boxes are checked, the Court assumes you both agree to that option.

See the separate instructions for an explanation of each of these options.

I am/we are unsure which ADR option is best for our situation. I/we request a (free) conference with a court appointed ADR specialist to discuss options.	Petitioner	Respondent
	<input type="checkbox"/>	<input type="checkbox"/>
Court Sponsored: We wish to use the court sponsored ADR services below.		
Mediation of custody and/or parenting time through Conciliation Services	<input type="checkbox"/>	<input type="checkbox"/>
Expedited Services for child support, spousal maintenance, custody, parenting time (visitation), grandparent visitation	<input type="checkbox"/>	<input type="checkbox"/>
Settlement conference using a judicial officer	<input type="checkbox"/>	<input type="checkbox"/>
Private ADR: We wish to hire and pay for the private ADR services below.		
Mediation of all disputed issues using a private ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Arbitration of all disputed issues using a private ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Settlement conference using a private ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Other private ADR services. What type? _____	<input type="checkbox"/>	<input type="checkbox"/>

3. If any private ADR services were checked above, the name, address and phone number of that private provider, **if known at this time**, is:

Name

Address

Address cont.

Phone

4. We expect to complete the ADR service(s) (court provided *or* private) by: _____.
Month/Day/Year

Sign and print **your own** name below. **DO NOT** write the **other party's** name or signature.

Petitioner's Printed Name Petitioner's Signature Date

Attorney for Plaintiff (if applicable)

Respondent's Printed Name Respondent's Signature Date

Attorney for Respondent (if applicable)